

AFFIX SEAL

City of Newnan

25 LaGrange Street Newnan, Georgia 30263 Phone: 770-254-2351

Fax: 770-254-2353 www.ci.newnan.ga.us

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

(Please check the appropriate box box 10 total employees for	*******	***********
By executing this affidavit, the undersigned prior (business name) verifies its compliance with O.C. corporation employs more than 10 employees and by program commonly known as E-verify. Furthermore, work authorization user identification number (this need to be authorization are as follows:	G.A. § 36-60-6, stating nas registered with and the undersigned private	utilizes the federal work authorization employer hereby attests that its federal
Federal Work Authorization User Identification Num	ber (E-VERIFY #)	Date of Authorization
Name of Private Employer ***********************************		
Name of Authorized Agent or Officer	Title of Authorize	ed Agent or Officer
Signature of Authorized Officer or Agent		
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF		
NOTARY PUBLIC	My Commission Exp	pires:
NOTART FUBLIC		